RELEASED IN FULL

A29

ORDER FOR SUPPLIES OR SERVICES

RATING:

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER: 02/04/2009
2. CONTRACT NO. (If any): SAQMMA08D0051
3. ORDER NO.: SAQMMA09F0560
4. REQUISITION/REFERENCE NO.: AQ 1044905068

5. ISSUING OFFICE (Address correspondence to):
OFFICE OF ACQUISITION MANAGEMENT (A/LM/AQM)
PO BOX 9115, ROSSLYN STATION
US DEPARTMENT OF STATE
ARLINGTON, VA 22219

CONTACT NAME: Cornelius Pitts
PHONE: 703-875-6011
EMAIL: PittsC@state.gov

6. SHIP TO: CA/EX/GSD
a. NAME OF CONSIGNEE: GENERAL SRVCS DIV (CA/EX/GSD)
b. STREET ADDRESS: 2401 E STREET, NW
SA-1, ROOM H1001
c. CITY: WASHINGTON
d. STATE: DC
e. ZIP CODE: 20520
f. SHIP VIA

7. TO:
a. NAME OF CONTRACTOR: Jonathan Barker
DUNS NUMBER: 144262843
b. COMPANY NAME: STANLEY ASSOCIATES INC
c. STREET ADDRESS: 3101 WILSON BLVD STE 700
d. CITY: ARLINGTON
e. STATE: VA
f. ZIP CODE: 22201-4445

8. TYPE OF ORDER
[ ] a. PURCHASE
REFERENCE YOUR:
Please furnish the following on the terms and conditions specified on this side of this order and on the attached sheet, if any, including delivery as indicated.
[X] b. DELIVERY – Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

9. ACCOUNTING AND APPROPRIATION DATA
1900 - 2009 - - 18: X01130000 - CA - 1044 - 4220 - - - - 2589 - - - CAR252 - - - 281559
$3,000,000.00

10. REQUISITIONING OFFICE
GENERAL SRVCS DIV (CA/EX/GSD)
2401 E STREET, NW
SA-1, ROOM H1001
WASHINGTON, DC 20520

11. BUSINESS CLASSIFICATION (Check appropriate box(es))
[ ] a. SMALL
[X] b. OTHER THAN SMALL
[ ] c. DISADVANTAGED
[ ] g. SERVICE-DISABLED VETERAN-OWNED
[ ] d. WOMEN-OWNED
[ ] e. HUBZone
[ ] f. EMERGING SMALL BUSINESS

12. F.O.B. POINT

13. PLACE OF
a. INSPECTION
b. ACCEPTANCE

14. GOVERNMENT B/L NO.

15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date): 01/27/2009

16. DISCOUNT TERMS
Days:0
Delys:0
Days:0
Delys:0

17. SCHEDULE (See reverse for Rejections)

SEE LINE ITEMS SECTION

SEE BILLING INSTRUCTIONS ON REVERSE

18. SHIPPING POINT
19. GROSS SHIPPING WEIGHT
20. INVOICE NO.

21. MAIL INVOICE TO:
a. NAME: GLOBAL FIN. SVCS (RM/GFS/ADO/FM) CHARLESTON, SOUTH
b. STREET ADDRESS (or P.O. Box): PO BOX 150008; Fax To: 1-866-483-3436
OFFICE OF CLAIMS (RM/GFS/F/C)
c. CITY: CHARLESTON
d. STATE: SC
e. ZIP CODE: 29415-6008

17(h) TOT. (Cont. pages): $3,000,000.00

17(i) GRAND TOTAL: $3,000,000.00

22. UNITED STATES OF AMERICA BY (Signature): Reaver Clements

23. NAME (Typed): Reaver Clements
TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (REV. 3/2005)
Prescribed by GSA/FAR 48 CFR 53.213(f)

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: CHARLES E LAHIGUERA
DATE/CASE ID: 17 SEP 2010 200702174

Line Item Summary	Contract Number: SAQMMA08D0051	Order Number: SAQMMA09F0560	Title: Stanley Contract Task 6	Total Funding: $3,000,000.00	Date of Order: 02/04/2009

Line Item No.	Description	Quantity	Unit	Unit Price	Total Cost
	Provide incremental funding in the amount of $3,000,000.00 to cover services for the period covering March 20, 2008 through March 19, 2009 for TASK 6 as follows: Refer to SAQMMA08F4265 through Mods M002.				
.001	Base year funding for Passport Services Domestic Support Contract SAQMMA08D0051, period of performance through March 19, 2009 for TASK 6 - Charleston Passport Center Operational Support, CLIN No. 0010. Doc Ref No: 1044905068 Taxes Included: Delivery Date 01/27/2009 FOB: Destination Funding Information: Accounting Ref: 1044905068 $3,000,000.00	1.00	LT	$3,000,000.00	$3,000,000.00
	GTM for this effort: Tim Wiesner COR: Eric Fisher				
			Grand Total:		**$3,000,000.00**

Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AQ-1044905068-012720091244065851/stanley Task6.pdf	01/27/2009	0

01INV DEPARTMENT OF STATE INVOICE INSTRUCTIONS 10/30/2008

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

To constitute a proper invoice, the invoice must include the following information and/or attached documentation:

(1) Name and Address of the Contractor

(2) Dun and Brad Street Universal Number System (DUNS)
(3) Date of invoice
(4) Unique Vendor Invoice Number
(5) Remittance Contact Information
(6) Shipping Terms, Ship to Address
(7) Payment Terms
(8) Total Quantity of Items
(9) Total Invoice Amount
(10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
(11) Order line item number and information (see below instructions) The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

IMPORTANT: For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract. Each line item must contain the following information:

(1) Description of the services rendered for each line item
(2) Line Item Quantity
(3) Line Item Unit Price
(4) Total Line Item Invoicing Amount
(5) Delivery Date
(6) Contract Line Item Number (CLIN)
(7) Order/Award Line Item Number if invoicing against a task or delivery order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name: U.S. Department of State
Global Financial Services
Attn: Office of Claims (RM/GFS/F/C)
Charleston Financial Service Center

Mailing Address:
Post Office Box 150008
Charleston, SC 29415-5008
Telephone Numbers:
Director's Secretary Voice 843-202-3761
Fax 843-746-0749
Official Office Hours: 8:00 am – 5:00 pm

To request Payment Status on a Past Due Invoice contact:
Office of Claims Customer Service
Email: commercialclaims@state.gov
Phone: 877-704-9473 Toll Free

Person to Contact: Supervisor, Vendor Claims
Email: GFS-ChiefVC@state.gov
Phone: 843-202-3881
(End of clause)